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CONFIRMATION NO. 6092

SERIAL NUMBER 10/659,295	FILING OR 371(c) DATE 09/11/2003 RULE	CLASS 514	GROUP ART UNIT 1649	ATTORNEY DOCKET NO. 242650US0CONT
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** CONTINUING DATA ***** This application is a CON of 10/331,755 12/31/2002 ABN				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 11/18/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		STATE OR COUNTRY GERMANY	SHEETS DRAWING 27	TOTAL CLAIMS 104
Verified and Acknowledged		Examiner's Signature	Initials	INDEPENDENT CLAIMS 9
ADDRESS 22850				
TITLE METHODS OF TREATING NEUROLOGICAL CONDITIONS WITH HEMATOPOIETIC GROWTH FACTORS				
FILING FEE RECEIVED 3246	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	